MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08676

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: a. a.

City or town: annapolis Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Naval academy

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 2 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: maryland County: a. a.

City or town: annapolis Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Naval academy

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

WITHIN CORPORATE LIMITS

3. (a) FULL NAME: George Daniel Barr Jr

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Single

8 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 19 1919

8. AGE:

Years	Months	Days	If less than one day
20	2	16	hrs. min.

8. Birthplace: Greenville S. C.

(Town, county, and state)

10. Usual occupation: Midshipman

11. Industry or business

FATHER 12. Name: Geo D. Barr Sr

13. Birthplace: Unknown

MOTHER 14. Maiden name: Unknown

15. Birthplace: Unknown

16. Informant: Naval Hospital

Address: Annapolis Md

17. Remove (Burial, cremation, or removal. Which?) Date thereof: Sept 5/39 (month) (day) (year)

Cemetery or crematory:

Location: Greenville S C

18. Funeral director: B I Hopkins

Address: annapolis md

19. 9-5-39 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 4 1939, at 1 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 4 1939, to Sept 4 1939, and that I last saw him alive on Sept 4 1939.

Immediate cause of death	DURATION
Embolism of Pulmonary Artery	10 min
Due to cause unknown	
Due to	
Other conditions Pt operated for distruction anterior hernia right knee 8 days ago	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: Embolism excluding pulmonary artery

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: John S Smith Lt (mc) USN

M. D. or other

Address: US Naval Academy Date signed: 9/5/39

RECEIVED
OCT 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

08677

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Anne Arundel
City or town Annapolis Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 69 Prince George
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Anne Arundel
City or town Annapolis Md. Ward No. 1
(If ontside city or town limits, write RURAL NEAR and give town)
Street No. 69 Prince George St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME David V. Bright — WITHIN CORPORATE LIMITS — 3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12th 1860

8. AGE:

Years	Months	Days	If less than one day
79	3	28	hrs. min.

9. Birthplace Annapolis Md. (Town, county, and state)
10. Usual occupation Plumber (Ret)
11. Industry or business
FATHER 12. Name Philip Bright
13. Birthplace Unknown
MOTHER 14. Maiden name Sarah Holiday she
15. Birthplace Unknown
16. Informant Solomon Burtis
Address 69 Prince Geo St. Annapolis Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 11th 39 (month) (day) (year)
Cemetery or crematory Cedar Bluff
Location Annapolis Md.
18. Funeral director John W. Taylor
Address Annapolis Md.
19. 9-10 1939 (Date rec'd by registrar) J. J. Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 10 1939, at 3 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1935 19 to Sept 10 1939
and that I last saw him alive on Sept. 10 1939.
Immediate cause of death Chronic Nephritis
Due to Chronic arterio sclerosis
Due to Chronic myocarditis
Other conditions Senility
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy no

DURATION: Unknown

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Willis Martin M.D. M. D. or other
Address Annapolis Md Date signed 9/9/39

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OCT 6 1939
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STATE OF MARYLAND—CERTIFICATE OF DEATH

08678

1. PLACE OF DEATH (B2-a)

County Anne Arundel Registration Dist. No. 23

Village or City Ferndale No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Douglas Forman Brooks If U. S. Veteran, specify WAR

(a) Residence: No. Hammonds Ferry Road St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Brooks

6. DATE OF BIRTH (month, day, and year) July 24, 1868

7. AGE Years 71 Months 1 Days 21 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Farming

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Ferndale, Md.

FATHER

13. NAME William Brooks

14. BIRTHPLACE (city or town) (State or country) A. A. County, Md.

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Pontuxent, Md.

17. INFORMANT (Address) Mrs. Mamie Brooks Ferndale, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cemt. Date Sept 19th, 1939

19. UNDERTAKER (Address) Elroy O Wilson 1000 Brantley Ave

20. FILED Sept 16, 1939 Mrs Dallas Dep Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September (Month) 15, (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 12-15-38, 19 , to 9-15-, 1939

I last saw him alive on 9-7-, 1939; death is said to have occurred on the date stated above, at 1:50 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12-15-38
Other Contributory Causes of importance:	
Broncho-Pneumonia	9-8-39.

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? None Date of Injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Harry M. Moore M. D.

(Address) Glen Burnie, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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OCT 5 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08679

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Annearundel Co.

City or town: Joyces Station (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No. (If ontside city or town limits, write RURAL NEAR and give town)

Street No.: 2900 N. Calvert St. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Dr. Merville H. Carter

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife: Mary Gold

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Aug. 21. 1856

8. AGE: Years	Months	Days	If less than one day
83	0	15	hrs. min.

9. Birthplace: Middletown Va. (Town, county, and state)

10. Usual occupation: Physician

11. Industry or business

FATHER 12. Name: James Pendleton Carter

FATHER 13. Birthplace: Culpeper C. Va.

MOTHER 14. Maiden name: Mary Steir

MOTHER 15. Birthplace: Baltimore

16. Informant: H. Leroy Carter

Address: 843 University Parkway

17. burial (Burial, cremation, or removal. Which?) Date thereof: Sept 7. 1939 (month) (day) (year)

Cemetery or crematory: Druid Ridge Cemetery

Location: Pikesville, Balto. Co. Md.

18. Funeral director: John Mitchell Jones

Address: 1900 Eutaw Place Balto. Md

19. 9-6 1939 (Date rec'd by registrar) J. J. Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 5. 1939, at 5P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 2 1939, to Sept. 5 1939, and that I last saw h- alive on Sept. 5 1939.

Immediate cause of death: Cerebral Hemorrhage — DURATION: Sept 5

Due to: Arteriosclerosis

Due to: Hypertension

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: George C. Basil M. D. or other

Address: Annapolis Md. Date signed: 9-6-39

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SEP 27 1939
BUREAU U. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08680

1. PLACE OF DEATH (3)

County A.A. Registration Dist. No. 21

Village or City Annapolis No. Emergency Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Infant Chambers

(a) Residence: No. 47 Amos Garrett St., Ward. WITHIN CORPORATE LIMITS OF
(Usual place of abode) If nonresident give city or town and State

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 14 1939

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Annapolis. Md.
(State or country)

FATHER

13. NAME Russell E. Chambers

14. BIRTHPLACE (city or town) Annapolis, Md.
(State or country)

MOTHER

15. MAIDEN NAME Evelyn H. Myers

16. BIRTHPLACE (city or town) Annapolis Md.
(State or country)

17. INFORMANT Russell E. Chambers
(Address) Annapolis, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Bluff Date Sept 15, 1939

19. UNDERTAKER R.L. Hopping
(Address) Annapolis, Md.

20. FILED 9-15-, 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept 14, 1939
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1939, to Sept 14, 1939

I last saw h... alive on ..., 19...; death is said to have occurred on the date stated above, at ... m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Still born	

Other Contributory Causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) J. Olin Purvis M. D.

(Address) Annapolis, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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OCT 8 1939

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08681

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Annapolis

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Anne Arundel

City or town: Annapolis Md. Ward No.:

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 59 Maryland Ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Baby Chaney

WITHIN CORPORATE LIMITS OF

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male.	White	Single

6 (b) Name of husband or wife: —

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept. 12th 1939

8. AGE:

Years	Months	Days	If less than one day
—	—	—	0 hrs. 0 min.

9. Birthplace: Annapolis Md

(Town, county, and state)

10. Usual occupation: none

11. Industry or business:

FATHER 12. Name: Edward J. Chaney

13. Birthplace: Annapolis Md.

MOTHER 14. Maiden name: Argea Isabelle Rudd

15. Birthplace: Washington D.C.

16. Informant: Edward J. Chaney

Address: Annapolis Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 13 1939 (month) (day) (year)

Cemetery or crematory: St Anne's

Location: Annapolis Md.

18. Funeral director: Robert F. Suite

Address: Annapolis Md.

19. 9-13 1939 (Date rec'd by registrar) J J Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 12 1939, at Not Known M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 12 1939 to Sept 12 1939, and that I last saw h[illegible] alive on Sept 12 1939.

Immediate cause of death: Still Born — DURATION

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Walton H. Hopkins M.D.

M. D. or other

Address: Annapolis Md. Date signed: 9-12-39

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OCT 6 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08682

1. PLACE OF DEATH (95-E)

County A. A. Registration Dist. No. 20

Village or City Davidsonville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Vernon Childs If U.S. Veteran specify WAR

(a) Residence: No. Davidsonville, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 29, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68		19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country)

FATHER

13. NAME John W. Childs

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Bettie S. Crandell

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Mrs. Charles H. Leitch
(Address) P.O. Davidsonville, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Sept. 19, 1939

19. UNDERTAKER B. L. Hopping
(Address) 170 West Street, Annapolis

20. FILED Sept. 18, 1939 Carrie J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. (Month) 17 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept. 16, 1939, to Sept 17, 1939

I last saw him alive on Sept. 17, 1939; death is said to have occurred on the date stated above, at 11:45a m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Bronchopneumonia abaut	9-14-39

Other **Contributory Causes** of Importance:

Generalized arteriosclerosis

Arteriosclerotic cardiac disease with congestive failure

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. T. Hopkins M. D.

(Address) Davidsonville, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08684

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (107-a)

County Anne Arundel Registration Dist. No. 20

Village or City Mayo No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Nathaniel Colbert If U. S. Veteran, specify WAR

(a) Residence: No. Mayo St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar 13. 1939

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mayo (State or country) Md

FATHER

13. NAME Charles Colbert

14. BIRTHPLACE (city or town) Harwood (State or country) Md

MOTHER

15. MAIDEN NAME Mable Stewart

16. BIRTHPLACE (city or town) Mayo (State or country) Md

17. INFORMANT Charles Colbert (Address) Mayo

18. BURIAL, CREMATION, OR REMOVAL Place Mayo Data Sept 3, 1939

19. UNDERTAKER L. C. Standley & Son (Address) Galesville Md.

20. FILED Sept 3, 1939 Edw. Collinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. (Month) 1 (Day) 193 9 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1939 to Sept 1, 1939

I last saw him alive on Sept 1, 1939; death is said to have occurred on the date stated above, at 10:30 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Bronchopneumonia - about	8-27-39
Other Contributory Causes of Importance: Malnutrition	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. F. Fidler M. D.

(Address) Davidsonville, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08683

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

(110)

County Anne Arundel Registration Dist. No. 27

Village or City Fort George G. Meade, Md. No. Station Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. 3 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas F. Christensen If U. S. Veteran, specify WAR

(a) Residence: No. Fort George G. Meade, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 13/14

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	2	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Soldier.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. U S Army.

10. Date deceased last worked at this occupation (month and year) Sept/39

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

FATHER

13. NAME Neils Christensen.

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Service Record (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Philadelphia Pa. Date Sept. 15, 1939

19. UNDERTAKER Robt. L. Brooks & Son. (Address) Baltimore, Md.

20. FILED Sept. 13, 1939 W P Card Col. D.P.Card, M. C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. 13, (Month) (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept. 6, 1939, to Sept. 13, 1939

I last saw him alive on Sept. 13, 1939; death is said to have occurred on the date stated above, at 11:10 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pneumonia broncho. left lower.	Sept 6/39
Other Contributory Causes of importance: Empyema left	Sept 9/39

Name of operation Aspiration Date of 9/11/39

Whet test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J.J. Madigan Lt. Col MC M. D.

(Address) Fort George G. Meade, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08685

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (106-P)

County A. A. Registration Dist. No.

Village or City Spidsmore No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residenca in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ethel Cromwell If U. S. Veteran, specify WAR

(a) Residence: No. Spidmore St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Fem.	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 14 1928

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Data decaased last worked at this occupation (month and year)

11. Total tima (years) spent in this occupation

12. BIRTHPLACE (city or town) Spidsmore (State or country) Md.

FATHER

13. NAME Abraham Cromwell

14. BIRTHPLACE (city or town) Spidsmore (State or country)

MOTHER

15. MAIDEN NAME Etta Haste

16. BIRTHPLACE (city or town) Spidsmore (State or country)

17. INFORMANT Etta Cromwell (Address) Spidsmore

18. BURIAL, CREMATION, OR REMOVAL Place Broadneck Date Sept. 7, 1939

19. UNDERTAKER J. B. Johnson (Address) Annapolis

20. FILED 9-7, 19 39 J. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. (Month) 4 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1939, to Sept 4, 1939

I last saw h-er alive on Sept 3, 1939; death is said to have occurred on the date stated above, at 3.30 A m.

The **PRINCIPAL CAUSE OF DEATH** and relatad causes of importanca were as follows:

	Date of onset
This death was not due to tuberculosis. Bronchiectasis an old bronchiectasis; duration two years. C.W.S.R. An acute infection, on top of this old bronchiectasis, probably caused the pulmonary abscesses.	(1937(?))
Other Contributary Causes of importance: Probably due to a mixed organism. Probably multiple pulmonary abscesses acut	Aug 28/39

Name of operation None, Data of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Natura of injury

24. Was diseasa or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) M. J. Kavanaugh M. D.

(Address) 36 South St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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OCT 6 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08686

Reg. Dist. No. 9

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Crownsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Crownsville State Hospital
Stay in hospital or inst. (yrs., or mos., or days): 1 year, 3 months
Stay in this community (yrs., or mos., or days): -----

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Baltimore City Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 621 Bradley St.,
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: -----

3. (a) FULL NAME: THOMAS DAVIS #2

3. (b) Social Security Number: -----

4. Sex: male
5. Color or race: black
6. (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: unknown
6(c) If alive, give age: ? years
7. Birth date of deceased (mo., day, yr.): 1884
8. AGE: Years: 55 Months: Unknown Days: If less than one day: hrs. min.
9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: ------
FATHER
12. Name: Thomas Davis
13. Birthplace: Maryland
MOTHER
14. Maiden name: Louisa Carroll
15. Birthplace: Maryland
16. Informant: Hospital Records
Address: Crownsville, Maryland
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 9/9/9 (month) (day) (year)
Cemetery ~~or crematory~~: Hospital
Location: Crownsville
18. Funeral director: Supt
Address:
19. Sept 9 1939 (Date rec'd by registrar) E F Joyce Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 9th 1939, at 11:25 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10th 1938, to Sept. 9th 1939, and that I last saw him alive on Sept. 9th 1939.

Immediate cause of death: General paralysis of the insane — DURATION:
Due to: Lues
Due to:
Other conditions: ------
(Include pregnancy within 3 months of death)
Major findings:
Of operations: -------
Of autopsy: ---------

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: ----- Date of:
Where did injury occur? ---------- (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): ------
Means of injury: ----- Injured at work?

23. SIGNATURE: Mark P. Whitwood M. D. or other
Address: Crownsville, Md. Date signed: 9/9/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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BUREAU V. S.

08687

STATE OF MARYLAND—CERTIFICATE OF DEATH

93-

1. PLACE OF DEATH

County Anne Arundle Registration Dist. No. 21

Village or City Annapolis No. 83 Market St St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mary G. De Gruchy If U. S. Veteran, specify WAR

(a) Residence: No. 83 Market St. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F.	W.	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of the late David De Gruchy

6. DATE OF BIRTH (month, day, and year) Jan 25-1858

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	81	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland (State or country)

FATHER

13. NAME Lewis Blakeley

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Ann E. Snavely

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Mrs. George Fox (Address) 83 Market St.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Fork M.E. Cem. Date Sept. 16, 1939

19. UNDERTAKER Clarence E. Arthur (Address) Fork Md.

20. FILED 9-15, 1939 J. J. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 14 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1939, to Sept. 14, 1939

I last saw her alive on Sept. 14, 1939; death is said to have occurred on the date stated above, at 2 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Myocarditis & Myocardial Insufficiency (Chr)	[illegible]
Acute Dilatation of Heart	Sept. 9

Other Contributory Causes of importance:

Arteriosclerosis	[illegible]

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ____

(Signed) George C. Basil M. D.

(Address) Annapolis Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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OCT 6 1930
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08688

(131)

1. PLACE OF DEATH

County A. Arundel Registration Dist. No. 7

Village or City Annapolis No. 26 Gotts court St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth B. Dorsey If U. S. Veteran, specify WAR

(a) Residence: No. 26 Gotts court St., Ward. (INCORPORATE LIMITS OF)

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Clem Dorsey

6. DATE OF BIRTH (month, day, and year) Nov 27 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Domestic

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Anne Arundel Co.
(State or country)

FATHER

13. NAME William Dorsey

14. BIRTHPLACE (city or town) Prince George Co.
(State or country)

MOTHER

15. MAIDEN NAME Rachel Dorsey

16. BIRTHPLACE (city or town) Prince George Co.
(State or country)

17. INFORMANT William Dorsey
(Address) 22 Gotts Court

18. BURIAL, CREMATION, OR REMOVAL
Place Brewhill Date Sept. 14, 1939

19. UNDERTAKER Chas. V. Alexander
(Address) 43, 45 Northwest St

20. FILED 9-13, 1939 J. Wesley Gott
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. 11 (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept. 8, 1939, to Sept. 11, 1939; I last saw her alive on Sept. 11, 1939; death is said to have occurred on the date stated above, at 4:09 m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Senility	1938.
Other Contributory Causes of importance: Chronic Interstitial Nephritis	Sept 8- 1939
Uremia	Sept 11, 1939

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? —

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Albert K. Henderson M. D.

(Address) Annapolis, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08689

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (46-C)

County Anne Arundel Registration Dist. No. 26

Village or City South River No. County Home St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Charles Dyson

(a) Residence: No. County Home St., Ward. A.A. Co. Rural

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 27, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	73	7	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) Anne Arundel
(State or country)

FATHER

13. NAME Keremiah Dyson

14. BIRTHPLACE (city or town) Anne Arundel
(State or country)

MOTHER

15. MAIDEN NAME /

16. BIRTHPLACE (city or town) /
(State or country)

17. INFORMANT Mrs. Tucker
(Address) Co. Home

18. BURIAL, CREMATION, OR REMOVAL
Place Co. Home Date Sept 19, 1939

19. UNDERTAKER Jas. T. Lee
(Address) Annapolis R.F.D. 1

20. FILED Sept. 18, 1939 Carrie J. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. (Month) 17 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1939, to Sept. 16, 1939

I last saw him alive on Sept. 16, 1939; death is said to have occurred on the date stated above, at 3 P. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Carcinoma of Transverse colon	?

Other **Contributory Causes** of Importance: Pernicious anemia

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) M. D.

(Address) Davidsonville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08690

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (107-a)

County Anne Arundel Registration Dist. No. 21

Village or City Annapolis Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mariah Eldridge If U. S. Veteran, specify WAR

(a) Residence: No. 119 Clay St. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Col.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 1839

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	—	—	

OCCUPATION

8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Domestic

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert County Md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Mariah White

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

17. INFORMANT Wm. H. Gross (Address) 119 Clay

18. BURIAL, CREMATION, OR REMOVAL Place Prince Hall Date Sept 25, 1939

19. UNDERTAKER Chas. H. Alexander (Address) 43 + 45 Church Circle

20. FILED Sept 24, 1939 J. J. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. (Month) 22nd (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 15th, 1939, to Sept 22nd, 1939

I last saw h.er alive on Sept 22nd, 1939; death is said to have occurred on the date stated above, at 9:30 P.M.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	Sept 15th 1939

Other **Contributory Causes** of Importance: None

Name of operation — Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) R. L. Richardson M. D.

(Address) 110 — Clay St. Annapolis, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
OCT 12 1939
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08691

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (59)

County A.A. Registration Dist. No. 21

Village or City Annapolis Md No Emergency Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. 26 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nettie E. Flood

(a) Residence: No. 408 Adams. Eastport St., Ward. WITHIN CORPORATE LIMITS OF
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William J. Flood

6. DATE OF BIRTH (month, day, and year) March 23 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House Work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. X

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Wheeling, W. Va
(State or country)

FATHER

13. NAME John Pracht

14. BIRTHPLACE (city or town) ...
(State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) ...
(State or country) Unknown

17. INFORMANT Georgia Kleeberg
(Address) 402 Adams St Eastport

18. BURIAL, CREMATION, OR REMOVAL
Place St Marys Date Sept 19. 1939

19. UNDERTAKER B. L. Hopping
(Address) Annapolis, Md.

20. FILED 9-18, 1939 J. Johnson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September 15th, 1939
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from August 21, 1939, to Sept 15, 1939
I last saw her alive on Sept 15, 1939; death is said to have occurred on the date stated above, at 9.45 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	many yrs
Valvular ds. chr. Cardiac	" "
Arterio Sclerosis	" "
Other Contributory Causes of importance:	
Hypertension	

Name of operation — Date of —
What test confirmed diagnosis? Bl + Urine Sugars Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...
(Signed) E. J. Goodrich M. D.
(Address) U. S. N. A. Annapolis, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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OCT 6 1939

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 23

CERTIFICATE OF DEATH

08692

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) County: Anne Arundel
(b) City or town: Linthicum Heights
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Hammonds Ferry Road
(d) Length of stay in hospital or inst. (yrs., mos., or days): 0
(e) Length of stay in this community (yrs., mos., or days): 0

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State: Maryland (b) County: Anne Arundel
(c) City or town: Linthicum Heights
(If outside city or town limits, write RURAL and give town)
(d) Street No.: Hammonds Ferry Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? 68 years

3 (a) **FULL NAME**: Frank Luther Gransell (Gransee)

3 (b) If veteran, name war: No

3 (c) Social Security No.: No

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Emma Peck

6. (c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): 24 May 1854

8. **AGE:** Years: 85 Months: 3 Days: 16 If less than one day: ____ hr. ____ min.

9. Birthplace: Pommern Germany
(Town, county, and state)

10. Usual occupation: Farming

11. Industry or business: Agriculture

FATHER
12. Name: Gransell
13. Birthplace: Germany

MOTHER
14. Maiden Name: Johanna Paska
15. Birthplace: Germany

16 (a) Informant: Henry J. Gransell
(b) Address: Linthicum Heights Md

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof: Sept 12, 1939. (month) (day) (year)
(c) Cemetery or crematory: Perkins Chappel
Location: Bowie, Md

18 (a) Funeral director: Elmer W. Singleton
(b) Address: Glen Burnie, Md.

19 (a) Sept 12, 1939 (Date rec'd by registrar) (b) M. R. DeAlba Registrar

MEDICAL CERTIFICATION

20. Date of death: 10 Sept 1939, at 5:01 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9 Sep 1939, to 10 Sep 1939, and that I last saw him alive on 9 Sep 1939.

Immediate cause of death	Duration
Cardio-Vascular Disease	
Acute Dysentery	2 yrs.
Due to Senility	3 days
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: no
(b) Date of occurrence: none
(c) Where did injury occur? (City or town) (County) (State): none
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place): none While at work?
(e) Means of injury: none

23. Signature: Chas. L. Ball Jr. M.D. (M.D. or other)
Address: Linthicum Date signed: 9-10-39

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BUREAU V. E.

Johanna Paskal

1854

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98

1939

STATE OF MARYLAND—CERTIFICATE OF DEATH

08693

(175)

1. PLACE OF DEATH

County Anne Arundel Registration Dist. No. 21

Village or City Crownsville No. Crownsville State Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 6 yrs. 6 mos. 10 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James E. Griffith If U. S. Veteran, specify WAR

(a) Residence: No. Stemmers Run, St. Balto. County Md. Ward

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Griffin

6. DATE OF BIRTH (month, day, end year) Not Known

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	-----	-----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Farm

10. Date deceased last worked at this occupation (month and year) Mar. 39 11. Total time (years) spent in this occupation -----

12. BIRTHPLACE (city or town) (State or country) Maryland, place unknown

FATHER

13. NAME Wm. H. Griffin

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Louise Blake

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Hospital records

18. BURIAL, CREMATION, OR REMOVAL Balto Md.

Place St. Stevens Date 9/20/39, 19

19. UNDERTAKER (Address) R.A. Elliott 1129 N. Carolina Baltimore, Md.

20. FILED 9/17, 39 E.F. Joyce Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. 16, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on Sept 7, 19; death is said to have occurred on the date stated above, at 5:30 P.M.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importence were as follows:

	Date of onset
1. Ruptured bladder	9/16/39
2. Acute peritonitis	36 hrs
3. Fractured ribs	
4. Hemorrhage	

Other **Contributory Causes** of Importance: General Paresis

Name of operation Exploratory Laparotomy Date of 9/16/39

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 9/16/39

Where did injury occur? Crownsville State Hospital (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Ne Hospital

Manner of injury Blount force

Nature of injury as above

24. Was disease or injury in eny wey related to occupation of deceased? No

If so, specify

(Signed) Howard A. Malden M. D.

(Address) Medical Examiner

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (34)

CERTIFICATE OF DEATH

08694

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Crownsville, Md. (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Crownsville State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 6 mo. 0 days

Stay in this community (yrs., or mos., or days): 22 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Baltimore city

City or town: Baltimore Ward No.: 6th (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 414 N. Caroline St. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: Thomas Hall

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	black	married

6 (b) Name of husband or wife: Bessie Hall

6(c) If alive, give age: 37 years

7. Birth date of deceased (mo., day, yr.): unknown

8. AGE: Years	Months	Days	If less than one day
51	?	?	____hrs. ____min.

9. Birthplace: Virginia (Town, county, and state)

10. Usual occupation: laborer

11. Industry or business: irregular - odd jobs, etc.

FATHER — 12. Name: Daniel Hall

FATHER — 13. Birthplace: Virginia

MOTHER — 14. Maiden name: Margaret Flemming

MOTHER — 15. Birthplace: Virginia

16. Informant: Hospital records

Address: Crownsville State Hospital

17. burial (Burial, cremation, or removal. Which?) Date thereof 9/27/39 (month) (day) (year)

Cemetery or crematory: Mt. Calvary

Location: Anne Arundel County

18. Funeral director: Elroy Wilson

Address: 1510 Orleans St., Baltimore, Md.

19. Sept 24 1939 (Date rec'd by registrar) E. T. Joyce (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 23 1939, at 1035 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 24 1939, to September 23, 1939 and that I last saw h-im alive on September 23 1939.

Immediate cause of death: General Paresis — DURATION

Due to: Syphilis

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of: ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): ____

Means of injury: ____ Injured at work? ____

23. SIGNATURE: Herbert J. Stansfeld M. D. or other

Address: Crownsville State Hospital Date signed: 9/24/39

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08695

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Aa Registration Dist. No. 21

Village or City Annapolis Md No. 124 Calvert St St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Hayes

(a) Residence: No. 124 Calvert St St., Ward. WITHIN CORPORATE LIMITS OF

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	Col	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 7 39

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis Md Co Hosp

FATHER

13. NAME Ernest Simmons

14. BIRTHPLACE (city or town) (State or country) Annapolis Md

MOTHER

15. MAIDEN NAME Bessie Hayes

16. BIRTHPLACE (city or town) (State or country) Annapolis Md

17. INFORMANT Bessie Hayes (Address) Annapolis Md

18. BURIAL, CREMATION, OR REMOVAL Place Brewer Hill Date 9 8 1939

19. UNDERTAKER Chas H. Alexander (Address) Balto Jct

20. FILED 9 8 1939 J. H. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 9 (Month) 7 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19...; death is said to have occurred on the date stated above, at ... m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Still Birth	
Mr Doctor present	

Other Contributory Causes of Importance:

Name of operation ... Date of ...

What test confirmed diegnosis? ... Was there an autopsy? ...

23. If death wes due to external ceuses (VIDLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of Injury ...

24. Wes disease or injury in eny way related to occupation of deceesed? ...

If so, specify ...

(Signed) J. H. Murphy by Regular M. D.

(Address) Annapolis Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (82a) Reg. Dist. No. 21

CERTIFICATE OF DEATH

08696

1. PLACE OF DEATH:
(a) County Anne Arundel
(b) City or town Riviera Beach (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 6 mos.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County A. A. Co.
(c) City or town P.O. Pasadena (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: Thomas H. Heer

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Irene Heer

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Mar. 21, 1876

8. AGE: Years 63 | Months 5 | Days 10 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual occupation Manufacturer

11. Industry or business Heating equipment

FATHER
12. Name Chas. M. Heer
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Glaeser
15. Birthplace Germany

16 (a) Informant Mrs. Watson Heer
(b) Address P.O. Pasadena, Md.

17 (a) cremation (Burial, cremation, or removal) (b) Date thereof 9-4-39 (month) (day) (year)
(c) Cemetery or crematory Lincoln Crematory
Location Baltimore, Md.

18 (a) Funeral director H. Witzke
(b) Address Baltimore, Md.

19 (a) 9-1-39 (Date rec'd by registrar) (b) L. A. Breit Registrar

MEDICAL CERTIFICATION

20. Date of death September 1 1939, at 6 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 4 1939, to Sept 1 1939, and that I last saw him alive on Aug. 29 1939.

Immediate cause of death	Duration
Cerebral hemorrhage	8 Days
Due to arteriosclerosis	indefin.
Due to	
Other conditions Hypertension	" "

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. A. Breit, M. D. (M. D. or other)
Address Pasadena, Md. Date signed 9-1-39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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SEP 20 1939
BUREAU V. S.

08697

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (119)

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Annapolis
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days): 7 days

Stay in this community (yrs., or mos., or days): 5 mo. 14 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Anne Arundel

City or town: Eastport, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 519 Second St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME

Sidney Allen Hollis

WITHIN CORPORATE LIMITS OF

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife: None

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): March 31, 1939

8. AGE:

Years	Months	Days	If less than one day
	5	14	____ hrs. ____ min.

9. Birthplace: Annapolis, Md.
(Town, county, and state)

10. Usual occupation: None

11. Industry or business: None

FATHER
12. Name: Sidney E. Hollis
13. Birthplace: Dalis, Texas

MOTHER
14. Maiden name: Mary E. Rogers
15. Birthplace: A. A. Co. Md.

16. Informant: Sidney E. Hollis

Address: 519 2nd. St. Eastport, Md.

17. Annapolis, Md. Date thereof: Sept. 16, 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: Cedar Bluff Cemetery

Location: Annapolis, Md.

18. Funeral director: John M. Taylor

Address: Annapolis, Md.

19. Sept 15 1939 (Date rec'd by registrar) J. E. Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 14 1939, at 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 6 1939, to Sept 14 1939, and that I last saw him alive on Sept 14 1939.

Immediate cause of death: Acute Prolonged Diarrhoea — DURATION: 10 days

Due to: Post Tod Exhaustion — 10 days

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: George C Bond M. D. or other

Address: Annapolis Md Date signed: 9-14-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (53-C) Reg. Dist. No. 22

08698

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County A. A.

(b) City or town Linthicum (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital or institution: Shipley Hgts.

(d) Length of stay in hospital or inst. (yrs., mos., or days) ——

(e) Length of stay in this community (yrs., mos., or days) 11

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County A. A.

(c) City or town Linthicum (If outside city or town limits, write RURAL and give town)

(d) Street No. Shipley Hgts. (If rural give location)

(e) If foreign born, how long in U. S. A.? —— years

3 (a) **FULL NAME** Richard Louis Imwold.

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 4 - 1928

8. AGE: Years	Months	Days	If less than one day
11	5	9	——hr. ——min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual occupation School

11. Industry or business —

FATHER 12. Name Louis S. Imwold.

FATHER 13. Birthplace Baltimore

MOTHER 14. Maiden Name Verna V. Duncan

MOTHER 15. Birthplace Baltimore

16 (a) Informant Louis S. Imwold

(b) Address Linthicum Heights, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 15, 1939 (Month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location Anne Arundel Co.

18 (a) Funeral director Thomas W. Creighton

(b) Address Glen Burnie, Md

19 (a) Sept 15, (Date rec'd by registrar) (b) Mrs. R. Scales Dep Registrar

MEDICAL CERTIFICATION

20. Date of death Sept 13 1939, at 7:10 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1935, to Sept 13 1939, and that I last saw him alive on Sept 13 1939.

Immediate cause of death	Duration
1. Cerebral Haemorrhage	1 hr.
1. Glioma Brain	4 yr.
Due to Note: Operated on 4 yrs ago for brain tumor - recovered	
Due to Except for sight Malignant Glioma of cerebellum L. & R.	
Other conditions Was apparently in good health and died very suddenly. (Include pregnancy within 3 months of death)	

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Chas. L. Ball Jr MD (M. D. or other)

Address Linthicum Md Date signed 9-13-39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08699

1. PLACE OF DEATH

County Anne Arundel Registration Dist. No. 21

Village or City Annapolis Md No. 25 Holland St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Steel Broth of Island

(a) Residence: No. 25 Holland St St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE Philipino

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Sept 7. 1939

7. AGE — Years — Months — Days — If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Annapolis Md (State or country) Anne Arundel

FATHER

13. NAME Hubert C. Island

14. BIRTHPLACE (city or town) Philipine Islands (State or country)

MOTHER

15. MAIDEN NAME Josephine Lipowiski

16. BIRTHPLACE (city or town) Baltimore Md (State or country)

17. INFORMANT Josephine Lipowiski (Address) 25 Holland St

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Annapolis Md Date Sept 9, 1939

19. UNDERTAKER Father (Address) 25 Holland St

20. FILED 9-9, 1939 J J Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 7 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ on Sept 7, 1939, to ___, 19___ last saw h___ alive on ___, 19___; death is said to have occurred on the date stated above, at 6:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Fright	9.7.

Other Contributory Causes of importance:

Unknown

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___

If so, specify ___

(Signed) Ambrose Garcia M. D.

(Address) Annapolis Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

OCT 6 1930

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

08700

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (93-a)

County A. A. Registration Dist. No. 20

Village or City Drury No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Edna Marie Johnson If U. S. Veteran, specify WAR

(a) Residence: No. Drury Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
fem	Color	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 19 1939

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Drury A. A. Co.

FATHER

13. NAME Calvin Holt

14. BIRTHPLACE (city or town) (State or country) A. A. Drury

MOTHER

15. MAIDEN NAME Susie Johnson

16. BIRTHPLACE (city or town) (State or country) Drury

17. INFORMANT (Address) Aaron Johnson Drury

18. BURIAL, CREMATION, OR REMOVAL Place Drury Date Sept. 11, 1939

19. UNDERTAKER (Address) J. B. Johnson Annapolis

20. FILED Sept 11, 1939 W. P. Claytor Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. (Month) 9 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1939, to Sept 9, 1939

I last saw her alive on Sept 9, 1939; death is said to have occurred on the date stated above, at 11 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute Myocarditis — Date of onset 9-9-39

Primary cause of the acute myocarditis: unknown or not determined. C.O.S.R.

There was no autopsy. No history of any acute infectious disease, or of acute rheumatic fever.

Other Contributory Causes of importance: Duration: about two hours.

Not determined

Child died on way home from Doctor's office.

Name of operation Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. B. West M. D.

(Address) Lothian, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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OCT

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (82-a)

CERTIFICATE OF DEATH

08701

Reg. Dist. No. 21

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Crownsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Crownsville State Hospital
Stay in hospital or inst. (yrs., or mos., or days): 5 yrs. 9 mos. 8das.
Stay in this community (yrs., or mos., or days): -----

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Baltimore City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 1115 Park Avenue
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: -----

3. (a) FULL NAME: GEORGE A. JOHNSON

3. (b) Social Security Number: -------

4. Sex: male
5. Color or race: colored
6. (a) Single, married, widowed, or divorced: widowed
6 (b) Name of ~~husband or~~ wife: Unknown
6 (c) If alive, give age: ? years
7. Birth date of deceased (mo., day, yr.): 1879
8. AGE: Years: 60 Months: Unknown Days: If less than one day: hrs. min.
9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: -----
FATHER
12. Name: John M. Johnson
13. Birthplace: Maryland
MOTHER
14. Maiden name: Matilda Mason
15. Birthplace: Maryland
16. Informant: Hospital Records
Address: Crownsville, Maryland
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 3, 1939 (month) (day) (year)
Cemetery or crematory: Arbutus Memorial Park
Location: Baltimore Md.
18. Funeral director: Mrs. Geo. H. Holland
Address: 1631 Druid Hill Ave.
19. 10/2 - 9 (Date rec'd by registrar) E. F. Joyce Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 30th 1939, at 9:15 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 22nd 1933, to Sept. 30 1939, and that I last saw him alive on Sept. 30th 1939.
Immediate cause of death: Cerebral hemorrhage
Due to:
Due to:
Other conditions: General arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations: ------
Of autopsy: ------
DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ----- Date of:
Where did injury occur? ------ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): ----
Means of injury: ------ Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: Crownsville, Md. Date signed: 9/30/3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 13 1939
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83)

CERTIFICATE OF DEATH

08702

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Crownsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Crownsville State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 1 year 1 mos

Stay in this community (yrs., or mos., or days): -----

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County:

City or town: Baltimore City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 110 N Gilmore Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: HARRY JONES #2

3. (b) Social Security Number: -------

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	black	married

6 (b) Name of husband or wife: Louise Jones

6(c) If alive, give age: ----- years

7. Birth date of deceased (mo., day, yr.): 1890 ?

8. AGE: Years	Months	Days	If less than one day
49?	Unknown		---- hrs. ---- min.

9. Birthplace: Unknown
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: ----

FATHER
12. Name: George Jones
13. Birthplace: Unknown

MOTHER
14. Maiden name: Louise Morgan
15. Birthplace: Unknown

16. Informant: Hospital Records
Address: Crownsville, Maryland

17. burial (Burial, cremation, or removal. Which?) Date thereof sept 28 1939 (month) (day) (year)

Cemetery or crematory: Mt Calvary cemetery

Location:

18. Funeral director: Walter P Pregg

Address: 1322 W Lombard St

19. 9/25 19 39 (Date rec'd by registrar) E. F. Joyce Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 24th 19 39, at 1:35 P M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 24th 19 38 to Sept. 24th 19 39, and that I last saw him alive on Sept. 24th 19 39

Immediate cause of death	DURATION
General paralysis of the Insane	
Due to	
Due to Lues	
Other conditions ----	

(Include pregnancy within 3 months of death)

Major findings:

20 operations: ----

20 autopsy: ----

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ---- Date of:

Where did injury occur? ---- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): ----

Means of injury: --- Injured at work?

23. SIGNATURE: Hart P. Hamilton M. D. or other

Address: Crownsville, Md. Date signed 9/24/39

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SEP 26 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08703

(8)

1. PLACE OF DEATH

County A. A. Registration Dist. No. 22

Village or City Near Laurel No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Kaiser If U. S. Veteran, specify WAR

(a) Residence: No. Laurel R.F.D. Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
X	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 9-15-39

7. AGE	Years	Months	Days	It LESS than 1 day, hrs. or min.
	—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation →

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Wilbert Kaiser

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Nellie Howell

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT (Address) Wilbert Kaiser Laurel Md

18. BURIAL, CREMATION, OR REMOVAL Place Laurel Md Date Sept 16, 1939

19. UNDERTAKER (Address) Lloyd Kaiser Laurel Md

20. FILED Sept 16, 1939 Clara M Haslick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 9 (Month) 15 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 9. 15, 1939, to 9. 15, 1939

I last saw her alive on 9. 15, 1939; death is said to have occurred on the date stated above, at 9 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Maternal nephritis

7 mo - Fetus Prematurity

Date of onset

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) B. P. Warren M. D.

(Address) Laurel Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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OCT 7 1939
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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(59)

CERTIFICATE OF DEATH

08704

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County A.A.

City or town ~~Best Gate~~ Annapolis,
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 16 Hours

Stay in this community (yrs., or mos., or days) 23 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County A.A.

City or town Best Gate Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Rural. Near Annapolis, md.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Katherine Kerrnan

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Divoced

6 (b) Name of husband or wife ~~Unknown~~ Harry Kerrnan Deceased 6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 6 1883

8. AGE: Years	Months	Days	If less than one day
56	6	28	hrs. min.

9. Birthplace New York (Town, county, and state)

10. Usual occupation House Work

11. Industry or business

FATHER 12. Name James Heuner

13. Birthplace Ireland

MOTHER 14. Maiden name Mary Carlton

15. Birthplace Ireland

16. Informant Al. Page

Address 244 E. 198th St Bronx New York

17. REmoval (Burial, cremation, or removal. Which?) Date thereof Sept 5 1939 (month) (day) (year)

Cemetery or crematory

Location New York

18. Funeral director B. L. Hopping

Address Annapolis, Md.

19. 9/4 19 39 (Date rec'd by registrar) J. J. Murphy (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 3 19 39, at 7 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 2 19 39, to Sept 3 19 39, and that I last saw h alive on Sept. 3 19 39.

	DURATION
Immediate cause of death Acute Myocarditis	Sept. 3
Due to Diabetis Mellitus	unknown
Due to	
Other conditions	
(Include pregnancy within 3 months of death)	
Major findings:	
Of operations	
Of autopsy	

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George C Bail M. D. or other

Address annapolis Date signed 9. 3. 39

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OCT 6 1939
BUREAU V. C.

RECEIVED
SEP 14 1939
BUREAU V. C.

08705

STATE OF MARYLAND—CERTIFICATE OF DEATH

(93-C)

1. PLACE OF DEATH

County A.A. Registration Dist. No. 21

Village or City Cedar Park No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Owen D. Lewis

(a) Residence: No. Cedar Park St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widowed

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Lewis

6. DATE OF BIRTH (month, day, and year) Oct 22 1855

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
83	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland (State or country)

FATHER

13. NAME Lewis D. Lewis

14. BIRTHPLACE (city or town) Maryland (State or country)

MOTHER

15. MAIDEN NAME Emily Carrick

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Mrs Thomas Russell (Address) Cedar Park

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Bluff Date Oct 1, 1939

19. UNDERTAKER B.L. Hopping (Address) Annapolis, Md.

20. FILED Oct. 1st, 1939 J. J. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. (Month) 29 (Day), 1939 (Year)

22. I HEREBY CERTIFY that I attended deceased from June 1, 1939, to Sept 29, 1939

I last saw him alive on Sept 28, 1939; death is said to have occurred on the date stated above, at 10A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Myocarditis & Myocardial Insufficiency (Chr.)	unknown
Uremia	Sept. 1

Other Contributory Causes of Importance:

Arteriosclerosis	unknown

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) George C. Basil M. D.

(Address) Annapolis Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08706

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (191)

County Anne Arundel. Registration Dist. No. 25.

Village or City Severna Park. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Matilda Livingston. If U. S. Veteran, specify WAR

(a) Residence: No. Severna Park. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female.	White.	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Franklyn Livingston

6. DATE OF BIRTH (month, day, and year) Feb. 20 - 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	7	10	

OCCUPATION

8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. At home.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. at home.

10. Date deceased last worked at this occupation (month and year) Aug 1

11. Total time (years) at spent in this occupation he life

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME George Minnicll

14. BIRTHPLACE (city or town) Germany. (State or country)

MOTHER

15. MAIDEN NAME Bridget Macentire

16. BIRTHPLACE (city or town) Ireland. (State or country)

17. INFORMANT Mrs. Jos. Slavin (Address) Severn Park.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore. Date Oct 4, 1939.

19. UNDERTAKER Marguet Flynn. (Address) 1412 Light St. Balto. Md

20. FILED Oct 3, 1939 Ida M. Whitson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September 30 (Month) (Day), 1939 (Yeer)

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1939, to Sept. 30, 1939

I last saw h-- alive on Sept 29, 1939; death is said to have occurred on the date stated above, at 8:30 A. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Chronic Valvula Disease of the Heart	1938.

Other **Contributory Causes** of importence:

Arterio Sclerosis	1938
Chronic Interstitial Nephritis	1938

Neme of operetion Non Date of

What test confirmed diagnosis? Symptom Was there an autopsy? No

23. If death wes due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify —

(Signed) James S. Bullington M. D.

(Address) Glen Burnie. Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08707

1. PLACE OF DEATH (159)

County Anne Arundel Registration Dist. No. 21

Village or City Eastport No. 518 Second St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Augustus Lowman Jr. If U. S. Veteran, specify WAR .....

(a) Residence: No. 518 Second St St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Sept. 13, 1939

7. AGE: Years | Months | Days | If LESS then 1 day, 19 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Eastport Maryland

FATHER

13. NAME: Augustus Lowman Sr

14. BIRTHPLACE (city or town) (State or country): Annapolis Md.

MOTHER

15. MAIDEN NAME: Lybania Spencer

16. BIRTHPLACE (city or town) (State or country): Pulaski Virginia

17. INFORMANT (Address): Augustus Lowman Eastport, Md

18. BURIAL, CREMATION, OR REMOVAL

Place St Mary's Date Sept 15, 1939

19. UNDERTAKER (Address): B. L. Hopping Annapolis Md

20. FILED Sept 14, 1939 J. J. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September (Month) 14 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1939, to Sept. 14, 1939

I last saw him alive on Sept 14, 1939; death is said to have occurred on the date stated above, at 10:15 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Prematurity

Date of onset

Other Contributory Causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Samuel M. Reichel M.D. M. D.

(Address) 1 Munroe Court, Annapolis, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

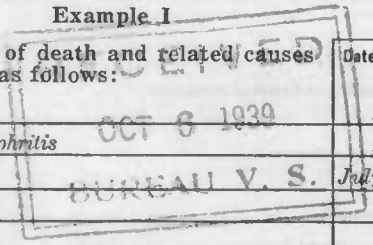
8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:



Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08708

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (72-P)

County Anne Arundel — Registration Dist. No. 27

Village or City Brooklyn Pk. — No. — St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U.S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME William E. Maker — If U. S. Veteran, specify WAR —

(a) Residence: No. 8 — 13th Ave — St., — Ward. — If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eleanor M. Ericson Maker

6. DATE OF BIRTH (month, day, and year) Aug. 27, 1917

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22		26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Electric Welder

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME John W. Maker

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Sarah R. Keith

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Mr. John W. Maker

(Address) 8 E 13th Ave. Brooklyn

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 9/26/39 19

19. UNDERTAKER Harry F. Leitzke

(Address) 4101 Edmondson Ave

20. FILED 26 Sep 39 Caldwell Woodruff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept 23 (Month) (Day) 193 9 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1938 to Sept 23 1939

I last saw him alive on Sept 23 1939; death is said to have occurred on the date stated above, at 8:20 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute Cardiac Decompensation — Date of onset 9/23/39

Other Contributory Causes of Importance:

Mitral Stenosis Disease — 1/4/37

Name of operation — Date of

What test confirmed diagnosis? Clinical — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury — 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. F. Kaufman M. D.

(Address) [illegible]

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

08709

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (920)

County Anne Arundel Registration Dist. No. 20

Village or City Galesville Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Makell If U.S. Veteran specify WAR

(a) Residence: No. Galesville Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: James Makell

6. DATE OF BIRTH (month, day, and year): Feb. 10, 1881

7. AGE: 58 Years, Months: 7, Deys: 9, If LESS than 1 dey, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: House wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): West River Md

FATHER

13. NAME: Daniel Davis

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Matilda Hall

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Joseph Lee Makell Galesville Md

18. BURIAL, CREMATION, OR REMOVAL Place: Galesville Md Date: Sept 24, 1939

19. UNDERTAKER (Address): T. G. Hardesty & Son Galesville Md

20. FILED: Sept 23, 1939 W. R. Claytor Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept 19, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from Sept 7, 1939, to Sept 19, 1939

I last saw her alive on Sept 9, 1939; death is said to have occurred on the date stated above, at 1 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	Unknown

Other Contributory Causes of importance:

Name of operation Date of

Whet test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Ambrose Garcia M. D.

(Address) Annapolis Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

08710

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46B)

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Crownsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Crownsville State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 6 years

Stay in this community (yrs., or mos., or days): ------

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1239 Myrtle Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ------

3. (a) FULL NAME: CLEVELAND MARSHALL

3. (b) Social Security Number: -------

4. Sex: Male

5. Color or race: black

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Carrie Marshall

6 (c) If alive, give age: ? years

7. Birth date of deceased (mo., day, yr.): 1885

8. AGE: Years: 54 Months: Unknown Days: If less than one day: ---- hrs. ---- min.

9. Birthplace: Virginia
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: -----

FATHER
12. Name: Abraham Marshall
13. Birthplace: Virginia

MOTHER
14. Maiden name: Betty (Unknown)
15. Birthplace: Virginia

16. Informant: Hospital Records
Address: Crownsville, Maryland

17. (Burial, cremation, or removal. Which?) Date thereof: Sept. 29, 1939 (month) (day) (year)

Cemetery or crematory: Mt Alban Cemetery

Location: Baltimore Md.

18. Funeral director: Mrs Samuel T. Hensley

Address: 578 W. Biddle St.

19. 9/27 1939 (Date rec'd by registrar) E. F. Joyce Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 26th 1939, at 8 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 27th 1933, to Sept. 26 1939, and that I last saw him alive on Sept. 26th 1939.

Immediate cause of death: Carcinoma of the stomach

Due to:

Due to:

Other conditions: -------
(Include pregnancy within 3 months of death)

Major findings:
Of operations: -------
Of autopsy: -------

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: ------ Date of:

Where did injury occur? ----- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): ------

Means of injury: ---- Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Crownsville, Md. Date signed: 9/26/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH Father's res. given as Wilmington, N.C. 08711

2411 N. Charles St., Baltimore (23)

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Crownsville State Hospital
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days): 11 yrs. 2 mos. 1 da.
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: At Large
City or town: Maryland Penitentiary Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Unknown
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: Veteran (World War)

3. (a) FULL NAME: EDWARD MARTIN

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	black	Unknown

6 (b) Name of husband or wife: Unknown
6(c) If alive, give age: ? years

7. Birth date of deceased (mo., day, yr.): 1896

8. AGE: Years: 43 | Months: Unknown | Days: | If less than one day: hrs. min.

9. Birthplace: North Carolina (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: -----

FATHER
12. Name: Unknown (R. H. Martin)
13. Birthplace: North Carolina

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Hospital Records
Address: Crownsville, Maryland

17. (Burial, cremation, or removal. Which?) Removal Date thereof 9 22 39 (month) (day) (year)
Cemetery or crematory: Wilmington N.C.
Location: Wilmington N.C.

18. Funeral director: Chas. H. Alexander
Address: 430 & 45 North Ghent St.

19. (Date rec'd by registrar) 9 20 19 39 Registrar: J. J. Mentz

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 18th 1939, at 7:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 17th 1928, to Sept. 18 1939 and that I last saw him alive on Sept. 18th 1939.

Immediate cause of death	DURATION
Tuberculosis with general inanition	
Due to	
Due to	
Other conditions: -----	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: -------
Of autopsy: -------

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ------ Date of
Where did injury occur? ------ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: ------ Injured at work?

23. SIGNATURE: Chas. H. Alexander M. D. or other
Address: Crownsville, Md. Date signed 9/18/39

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OCT 6 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08712

1. PLACE OF DEATH (82a)

County Anne Arundel Registration Dist. No. 25

Village or City Glenburnie Heights No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Anna C Marvel If U. S. Veteran, specify WAR

(a) Residence: No. Delmont (Severn Md) St. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank L Marvel

6. DATE OF BIRTH (month, day, and year) Jan 27-1893.

7. AGE Years 46 Months 8 Days 25 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Matthew Seitz

14. BIRTHPLACE (city or town) (State or country) Europe

MOTHER

15. MAIDEN NAME Theresa Schembra

16. BIRTHPLACE (city or town) (State or country) Europe.

17. INFORMANT (Address) Frank Marvel Severn Md

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross A.A. Date Sept. 23, 1939

19. UNDERTAKER (Address) Margaret G. Flynn 1422 Light St.

20. FILED Sept 22, 1939 Ida M. Whiteman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept 21 (Month) (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1939, to Sept 21, 1939

I last saw her alive on Sept 21, 1939; death is said to have occurred on the date stated above, at 1125 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Cerebral Hemorrhage

Other Contributory Causes of Importance:

Essential Hypertension

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph Lipsker M. D.

(Address) Odenton Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08713

1. PLACE OF DEATH

County A. A. Co. Registration Dist. No. 21

Village or City Annapolis No. Emergency Hospital St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Baby Mickey (Girl) If U. S. Veteran, specify WAR ___

(a) Residence: No. Emergency Hospital — Annapolis Ward Upper Marlboro

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Stillborn Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stillborn Child

6. DATE OF BIRTH (month, day, and year) Sept. 16, 1939

7. AGE Years Months Days Stillborn Child If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Stillborn Child

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Annapolis Md

FATHER

13. NAME John Mickey

14. BIRTHPLACE (city or town) (State or country) Monessen Pa

MOTHER

15. MAIDEN NAME Alice Marty

16. BIRTHPLACE (city or town) (State or country) Gambills A. A. Co. Md

17. INFORMANT (Address) Nettie Marty Upper Marlboro

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Oak Mechanicsville Date 9/17, 1939

19. UNDERTAKER (Address) Galesville, Md T. A. Hardisty & Son

20. FILED 9/16, 1939 J. J. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September 16, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept. 16, 1939, to Sept. 16, 1939

I last saw h. Stillborn alive on Sept. 16, 1939, at 7:30 a.m., death is said to have occurred on the date stated above, at 7:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Stillborn Child

Date of onset

Other Contributory Causes of Importance:

None

Name of operation None Date of ___

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of Injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ___

(Signed) Albert L. Anderson M. D.

(Address) Annapolis, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08714

CERTIFICATE OF DEATH (183)

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: ANNE ARUNDEL

City or town: ANNAPOLIS, MARYLAND.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
SEVERN RIVER

Stay in hospital or inst. (yrs., or mos., or days): -

Stay in this community (yrs., or mos., or days): 2 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Kentucky County: Garrard

City or town: PAINTLICK Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Rural Route #2.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: - ✓

3. (a) FULL NAME: WILLIAM SIMPSON MOORE

3. (b) Social Security Number: -

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife: Not married.

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): December 22, 1914.

8. AGE: Years	Months	Days	If less than one day
24	8	9	____ hrs. ____ min.

9. Birthplace: PAINTLICK, KENTUCKY. GARRARD CO.
(City, town, county, and state)

10. Usual occupation: Mariner.

11. Industry or business: U.S.NAVY.

FATHER
12. Name: JOHN F MOORE
13. Birthplace: Unknown.

MOTHER
14. Maiden name: Unknown.
15. Birthplace: Unknown

16. Informant: R.M. LHAMON, Capt.(MC), USN.
Address: U.S.NAVAL HOSPL, ANNAPOLIS, MD.

17. Removal
(Burial, cremation, or removal. Which?) Date thereof: Sept 5/39
(month) (day) (year)

Cemetery or crematory:

Location: Paintlick Kentucky

18. Funeral director: B.L.HOPPING,
Address: 170 WEST ST, ANNAPOLIS, MD.

19. 9-5 1939 J.J. Marshall
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 1, 1939, at 7a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h____ alive on ____ 19____.

Immediate cause of death	DURATION
There was one boat involved. Cause: DROWNING. Accidental.	
Due to Accidental fall, from boat landing, when returning from shore leave.	
Due to Date: On, or about August 31st, 1939.	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy: DROWNING.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident. Date of: 9-1-39.

Where did injury occur? Severn River, Annapolis, Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?): Severn River.

Means of injury: Drowning. Injured at work? No.

23. SIGNATURE: R.L.Ware
R.L.WARE, MD. Lieut.(MC), USN.
M. D. or other

Address: US.NAVAL HOSPL, Annapolis, Md. Date signed: 9-4-39.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
OCT 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83)

CERTIFICATE OF DEATH

08715

Reg. Dist. No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Crownsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Crownsville State Hospital
Stay in hospital or inst. (yrs., or mos., or days): 15 days
Stay in this community (yrs., or mos., or days): -----

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: ~~Dorchester~~
City or town: Baltimore City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 1511 West Mulberry St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: -----

3. (a) FULL NAME: LULA PITMAN (G)

3. (b) Social Security Number: --------

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	black	married

6 (b) Name of husband ~~of who~~: Horace Pitman
6(c) If alive, give age: ? years

7. Birth date of deceased (mo., day, yr.): 1899

8. AGE: Years	Months	Days	If less than one day
40	Unknown		---hrs. ---min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Domestic
11. Industry or business: ------

FATHER
12. Name: Eugene Woolford
13. Birthplace: Maryland

MOTHER
14. Maiden name: Emma Young
15. Birthplace: Maryland

16. Informant: Hospital Records
Address: Crownsville, Maryland

17. buried (Burial, cremation, or removal. Which?) Date thereof 9/24/39 (month) (day) (year)
Cemetery or crematory: Arbutus Memorial
Location: Arbutus Md.
18. Funeral director: Katie P. Williams
Address: 322 N. Richmond St Balto

19. 9/22 19--- E A Jones Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 22nd 1939, at 11 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 7th 1939, to Sept. 22nd 1939, and that I last saw her alive on Sept. 22nd 1939.

Immediate cause of death	DURATION
General paralysis of the insane	
Due to	
Due to Lues	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: -----
Of autopsy: ------

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: ----- Date of
Where did injury occur? --------- (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): -----
Means of injury: --- Injured at work?

23. SIGNATURE: Herb P. Mintzer M. D. or other
Address: Crownsville, Md. Date signed 9/22/39

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OCT 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (121)

08716

CERTIFICATE OF DEATH

Reg. Dist. No. 21

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County Anne Arundel

City or town Annapolis Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 10 days

Stay in this community (yrs., or mos., or days) 6 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Anne Arundel

City or town Edgewater G.G. Co. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Edgewater Beach
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Minna Ranterberg

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Arthur C. Ranterberg

6(c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) July 28th 1874

8. AGE: Years	Months	Days	If less than one day
65	One	22	hrs. min.

9. Birthplace Washington D.C.
(Town, county, and state)

10. Usual occupation Houde wife

11. Industry or business

FATHER 12. Name William Anderson

13. Birthplace Maryland

MOTHER 14. Maiden name Mollie Anderson

15. Birthplace Maryland

16. Informant Arthur C. Ranterberg

Address Edgewater G.G. Co. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 22nd 1939 (month) (day) (year)

Cemetery or crematory Congressional

Location Washington D.C.

18. Funeral director John M. Sayler

Address Annapolis Md.

19. 9/19 19 39 (Date rec'd by registrar) J. M. Hubbard Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 19 1939, at 3 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 19 1939 to Sept 19 1939 and that I last saw her alive on Sept 19 1939

Immediate cause of death Coronary occlusion — DURATION 4 hrs.

Due to Blood clot or thrombus

Due to Post operative

Other conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations Chronic gall bladder + appendix

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Willis Martin M.D.
M. D. or other

Address Annapolis Md Date signed 9/19/39

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SEP 28 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08717

(48)

1. PLACE OF DEATH

County A.A. Registration Dist. No. 21

Village or City Mill Swamp No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Rawlings If U.S. Veteran specify WAR

(a) Residence: No. Mill Swamp St., Ward.

(Usual place of abode) If nonresident give city or town and State

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F	Col	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph Rawlings

6. DATE OF BIRTH (month, day, and year) Aug 1 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House Wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland (State or country)

FATHER

13. NAME Edward Calvert

14. BIRTHPLACE (city or town) Maryland (State or country)

MOTHER

15. MAIDEN NAME Emiline Neal

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Joseph Rawlings
(Address) Mill Swamp Maryland

18. BURIAL, CREMATION, OR REMOVAL
Place Daniel Star Date Sept 21, 1939

19. UNDERTAKER B.L. Hopping
(Address) Annapolis, Md.

20. FILED 9-21, 1939 J. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 9 (Month) 16 (Day), 193 9 (Year)

22. I HEREBY CERTIFY, That I attended deceased from August 10, 1939, to Sept. 16, 1939

I last saw her alive on Sept 15, 1939; death is said to have occurred on the date stated above, at 7:30A m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Cancer of uterus	?

Other **Contributory Causes** of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Lawrence W. Greene M. D.

(Address) Annapolis, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
OCT 6 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08718

1. PLACE OF DEATH

County A. A. Co. (Annedl Co.) Registration Dist. No. 21

Village or City Shoreham Beach No. A. A. Co. Md St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. — mos. — ds. How long in U. S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Baby Roberts (Sex undetermined) (miscarriage 9 weeks)

(a) Residence: No. Shoreham Beach St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Indeterminate

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of (miscarriage at 9 weeks.

6. DATE OF BIRTH (month, day, and year) Sept 14 - 1939

7. AGE Years Months Days If LESS than 1 day, ___ hrs. or ___ min.

miscarriage at 9 weeks.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Shoreham - Beach (State or country) A. A. Co. Md.

FATHER

13. NAME Meyer Raskin

14. BIRTHPLACE (city or town) Baltimore, Md (State or country)

MOTHER

15. MAIDEN NAME Ada Roberts

16. BIRTHPLACE (city or town) Washington - St (State or country)

17. INFORMANT Sidney Roberts (Address) Shoreham Beach -

18. BURIAL, CREMATION, OR REMOVAL Place Shoreham Beach Date Sept 14, 1939

19. UNDERTAKER (Address) Shoreham Beach - A. A. Co. Md

20. FILED 9-14, 1939 J. J. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept 14, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1939, to Sept 14, 1939

I last saw h___ alive on ___, 19___; death is said to have occurred on the date stated above, at 8:00 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Miscarriage at 9 weeks

Date of onset

Other Contributary Causes of Importance:

None

Name of operation None Date of ___

Whet test confirmed diagnosis? ___ Wes there en autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ___

Nature of injury ___

24. Wes disease or injury in any way related to occupation of deceased? No

If so, specify ___

(Signed) Albert L. Anderson M. D.

(Address) Annapolis, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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OCT 6 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

08719

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

160E

CERTIFICATE OF DEATH

Reg. Dist. No. 22

1. PLACE OF DEATH:

County: Ann Arundel

City or town: Gambrills

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Ann Arundel

City or town: Gambrills Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Gilbert Howard Schneider

3. (b) Social Security Number

4. Sex: M

5. Color or race: W

6. (a) Single, married, widowed, or divorced: —

6 (b) Name of husband or wife: X

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Sept 20 - 39

8. AGE: Years — Months — Days — If less than one day — hrs. 1 hour min.

9. Birthplace: Gambrills Md (Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER 12. Name: Louis Schneider

13. Birthplace: Baltimore

MOTHER 14. Maiden name: Lela R Howard

15. Birthplace: Gambrills Md

16. Informant: Louis Schneider

Address: Gambrills Md

17. Church of God (Burial, ~~cremation~~, or removal. Which?) Date thereof: Sept 21, 1939 (month) (day) (year)

Cemetery ~~or crematory~~: Cemetery

Location: Gambrills Md

18. Funeral director: Louis Schneider

Address: Gambrills, Md

19. Sept 21 1939 (Date rec'd by registrar) W. L. Jones Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 20 1939, at 1:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 20 1939 to Sept 21 1939, and that I last saw him alive on Sept 20 1939

Immediate cause of death: Asphyxia Neonatorum

DURATION

Due to

Due to: Contracted Pelvis

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations: X

Of autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: X Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Joseph Lipsteg M. D. or other

Address: Odenton Md Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 7 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (460)

08720

CERTIFICATE OF DEATH

Reg. Dist. No. ____

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County ANNE ARUNDEL

City or town SHORE ACRES

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ARNOLD P.O. MD

Stay in hospital or inst. (yrs., or mos., or days) ____

Stay in this community (yrs., or mos., or days) 20 YRS

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County ANNE ARUNDEL

City or town SHORE ACRES Ward No. ____

(If outside city or town limits, write RURAL NEAR and give town)

Street No. ARNOLD P.O. MD

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ____

3. (a) FULL NAME HARRY TAYLOR

3. (b) Social Security Number ____

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED

6 (b) Name of husband or wife EMMA TAYLOR

ALIVE 6(c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) MARCH 2 - 1888

8. AGE:

Years	Months	Days	If less than one day
51	6	8	____ hrs. ____ min.

9. Birthplace BERLINGTON N. J.
(Town, county, and state)

10. Usual occupation FARMER

11. Industry or business

FATHER 12. Name UNKNOWN

13. Birthplace UNKNOWN

MOTHER 14. Maiden name UNKNOWN

15. Birthplace UNKNOWN

16. Informant EMMA TAYLOR

Address SHORE ACRES A.A.Co. MD.

17. BURIAL Date thereof SEPT 12-39
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory ASBURY

Location ARNOLD. A.A.Co. MD

18. Funeral director JOHN M. TAYLOR

Address ANNAPOLIS MD.

19. 9-9-12-39. J. J. Murphy
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 11 19 39, at 4.9. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1934 19 to Sept 11 19 39, and that I last saw him alive on Sept 11 19 39.

Immediate cause of death Carcinoma rectosigmoid — DURATION 1934

Due to ____

Due to ____

Other conditions General metastasis thru out abdamen.
(Include pregnancy within 3 months of death)

Major findings:

Dt operations Carcinoma rectosigmoid - Intestinal obstruction

Dt autopsy ____

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE J. Willis Martin M.D.
M. D. or other

Address Annapolis Md Date signed 9/11/39

RECEIVED
OCT 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08721

Reg. Dist. No. 21

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Crownsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Crownsville State Hospital
Stay in hospital or inst. (yrs., or mos., or days): 4 mos. 22 days
Stay in this community (yrs., or mos., or days): -----

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Charles
City or town: Issue Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Unknown
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ------

3. (a) FULL NAME: ROBERT COLUMBUS THOMAS

3. (b) Social Security Number: ------

4. Sex: male
5. Color or race: black
6. (a) Single, married, widowed, or divorced: separated
6 (b) Name of ~~husband or~~ wife: Uknown
6(c) If alive, give age: ? years
7. Birth date of deceased (mo., day, yr.): 1869?

8. AGE: Years: 70? Months: Unknown Days: If less than one day: hrs. min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business: ------
FATHER 12. Name: Robert Woodford Thomas
13. Birthplace: Maryland
MOTHER 14. Maiden name: Isabelle Shorter
15. Birthplace: Maryland
16. Informant: Hospital Records
Address: Crownsville, Maryland
17. burial (Burial, cremation, or removal. Which?) Date thereof: 9/21/39 (month) (day) (year)
Cemetery ~~or crematory~~: Hospital
Location: Crownsville
18. Funeral director: Supt.
Address:
19. Sept 21 1939 (Date rec'd by registrar) E. F. Joyce Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 17th 1939, at 2:45 PM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 25th 1939, to Sept. 17th 1939 and that I last saw him alive on Sept. 17th 1939.

Immediate cause of death: Generalized arteriosclerosis terminal cerebral hemorrhage — DURATION: with
Due to:
Due to:
Other conditions: -----
(Include pregnancy within 3 months of death)
Major findings:
Of operations: ------
Of autopsy: -------

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: ----- Date of:
Where did injury occur? ------ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): ------
Means of injury: ----- Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: Crownsville, Md. Date signed: 9/17/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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OCT 6 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08722

(93C)

1. PLACE OF DEATH

County Anne Arundel Registration Dist. No. 21

Village or City Annapolis No. Emergency Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Thompson If U. S. Veteran, specify WAR .....

(a) Residence: No. Annapolis, Md. St., Ward. WITHIN CORPORATE LIMITS OF

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Johnson

6. DATE OF BIRTH (month, day, and year) Sept 13 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	0	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Spartinsburg (State or country) South Carolina

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) ✓ (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) ✓ (State or country)

17. INFORMANT David Thompson (Address) Deale Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Friendship Date Sept 26, 1939

19. UNDERTAKER T. A. Hardesty & Son (Address) Galesville Md.

20. FILED 9 25, 1939 J. A. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September (Month) 23 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1939, to Sept 23, 1939

I last saw him alive on Sept 23, 1939; death is said to have occurred on the date stated above, at 12 50 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	?

Other Contributory Causes of importance:

Pulmonary Edema	Sept 22/39
Generalized Anasarca	Apr 1939

Name of operation nil Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no.

If so, specify .....

(Signed) M. F. Klawans M. D.

(Address) 31 Smith Gate Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08723

1. PLACE OF DEATH (183)

County Anne Arundel Registration Dist. No. 26

Village or City near Deale, Mouth of Herring Bay No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Paul J. Vazquez If U. S. Veteran, specify WAR

(a) Residence: No. 2416 Ebarts N.E. St., Ward. Washington D.C.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Vazquez

6. DATE OF BIRTH (month, day, and year) Oct. 31. 1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Interior decorator

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. general

10. Date deceased last worked at this occupation (month and year) 9/2/39

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) New Orleans La

FATHER

13. NAME John Paul Vazquez

14. BIRTHPLACE (city or town) (State or country) Beloxi Miss.

MOTHER

15. MAIDEN NAME Mary E. Estrada

16. BIRTHPLACE (city or town) (State or country) Havana Cuba

17. INFORMANT (Address) Theo J. Vazquez Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL Place Glenwood Date Sept 4, 1939

19. UNDERTAKER (Address) Burch Wash. D.C.

20. FILED Sept 4, 1939 J. B. Dent Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. (Month) 3 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw him alive on Post Mortem Exam, 19 ; death is said to have occurred on the date stated above, at m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Drowning	9/3/39

Other **Contributory Causes** of importance:

Stomach Cramps	9/3/39

Name of operation none Date of

Whet test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 9/3/1939

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Accidental

Nature of injury Drowning.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John M. Cleffy Deputy Medical Examiner M. D.

(Address) Annapolis Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits ean be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08724

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Anne Arundel (23) Registration Dist. No. 21

Village or City Annapolis No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mildred Washington If U. S. Veteran, specify WAR

(a) Residence: No. 53 Brown Ct St., Ward

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	negro	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) May 1922

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Student

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. High School

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Annapolis (State or country) Md

FATHER

13. NAME Clarence Washington

14. BIRTHPLACE (city or town) Annapolis (State or country) Md

MOTHER

15. MAIDEN NAME Marietta Williams

16. BIRTHPLACE (city or town) Annapolis (State or country) Md

17. INFORMANT Annie Williams (Address) Annapolis

18. BURIAL, CREMATION, OR REMOVAL Place Brewhill Date Sept. 26, 1939

19. UNDERTAKER Chas H Alexander (Address) Annapolis

20. FILED 9-24-1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 22 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Post Mortem Examination 19

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at 8:55 p. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pulmonary T. B.	6/1/39

Other Contributory Causes of Importance:

Name of operation none Date of —

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John M. Claffey (Deputy Medical Examiner) M. D.

(Address) Annapolis

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between retail **merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(23)

08725

Reg. Dist. No.

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Crownsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Crownsville State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 1 mo. 8 das.

Stay in this community (yrs., or mos., or days): -----

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Rockville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Unknown
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: -----

3. (a) FULL NAME: NATHANIEL G. WEBSTER

3. (b) Social Security Number: ------

4. Sex: male

5. Color or race: black

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of ~~husband~~ or wife: Daisy Webster

6(c) If alive, give age: ? years

7. Birth date of deceased (mo., day, yr.): 1887

8. AGE: Years: 52 Months: Unknown Days: If less than one day: ____ hrs. ____ min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: -----

FATHER
12. Name: Josiah Webster
13. Birthplace: Maryland

MOTHER
14. Maiden name: Rosa E. Cook
15. Birthplace: Maryland

16. Informant: Hospital Records
Address: Crownsville, Maryland

17. (Burial, cremation, or removal. Which?) Date thereof: Sept. 5, 1939 (month) (day) (year)

Cemetery or crematory: Mt. Zion

Location: Mt. Zion (Montg. Co.)

18. Funeral director: Robt. L. Snowden

Address: Rockville Maryland

19. Sept. 2 1939 (Date rec'd by registrar) J. J. Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 1st 1939, at 11:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 24th 1939, to Sept. 1st 1939, and that I last saw him alive on Sept. 1st 1939.

Immediate cause of death: General paralysis of the Insane

Due to:

Due to: Lues

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: pp------ -----

Of autopsy: -------

OURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ---- Date of:

Where did injury occur? ------ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): ------

Means of injury: --- Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Crownsville, Md. Date signed: 9/1/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 6 1939
BUREAU V. S.

08726

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (119)

County Anne Arundel Registration Dist. No. 21

Village or City Jones Station No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town whara daath occurred yrs. mos. 10 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Cecelia Martini White If U. S. Veteran, specify WAR

(a) Residence: No. Jones Station St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write fha word)
Female	Col.	#

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of #

6. DATE OF BIRTH (month, day, and year) Nov. 17, 1938

7. AGE Yaars	Months	Days	If LESS than 1 day, hrs. or min.
	10		

OCCUPATION

8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, afc. None

9. Indusfry or businass in which work wes done, as SILK MILL, SAW MILL, BANK, efc. None

10. Date decaased lasf workad at fhis occupafion (monfh and year) X

11. Total time (years) spanf in fhis occupation X

12. BIRTHPLACE (city or town) (Stafe or country) Q.A. Jones Station Md.

FATHER

13. NAME Theodore William White

14. BIRTHPLACE (cify or fown) (State or counfry) Jones station Md.

MOTHER

15. MAIDEN NAME Cora Sumerville

16. BIRTHPLACE (city or town) (Stafe or country) Jones Station Md.

17. INFORMANT (Address) Theodore William White

18. BURIAL, CREMATION, OR REMOVAL

Placa Wyman Good Hope Date Sept. 20, 1939

19. UNDERTAKER (Address) Chas H Alexander 43 & 45 North West St

20. FILED 9/19, 1939 J. J. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 18 (Day), 1939 (Year)

22. I HEREBY CERTIFY, Thaf I attended decaasad from Sept 3, 1939, to Sept 18, 1939

I last saw him alive on Sept 17, 1939; death is said fo have occurrad on fhe dafa stafad abova, af 3 A. m.

The PRINCIPAL CAUSE OF DEATH and relafed ceuses of importence ware as follows:

	Date of onset
Marasmus & inanition	Aug, 1939

Primary cause: Gastroenteritis, which followed closely on whooping cough. Duration: 3 months.

Other Contributory Causes of Importance:

No tuberculosis in family.

Etiology undetermined by lab.

Name of operafion None Data of

Whaf fesf confirmed diegnosis? Clinical Wes fhere en autopsy? No.

23. If daath was due to exfernal causes (VIOLENCE) fill in elso fha following:

Accidenf, suicide, or homicide? Dafe of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Wes diseasa or injury in any way related to occupation of deceesad? No.

If so, specify

(Signed) M. F. Klawans M. D.

(Address) 31 Smith Fatz Cir

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (25)

CERTIFICATE OF DEATH

08727

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Crownsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Crownsville State Hospital
Stay in hospital or inst. (yrs., or mos., or days): 1 year, 9 month, 14 days
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County:
City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 505 Arlington ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Viola Willis

3. (b) Social Security Number:

4. Sex: f
5. Color or race: black
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Paul Willis
6(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): June 14. 1906
8. AGE: Years: 33 Months: 3 Days: 2 If less than one day: hrs. min.
9. Birthplace: Va (Town, county, and state)
10. Usual occupation: housework
11. Industry or business:
FATHER 12. Name: Lewis Church
13. Birthplace: Va
MOTHER 14. Maiden name: Carlener Rogers
15. Birthplace: Va
16. Informant: Hospital records
Address:
17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/18/9 (month) (day) (year)
Cemetery or crematory: M.A. Cushing
Location: Burial Plot
18. Funeral director: Walter J. Mc Illvaney
Address: 522 N Charles Baltimore
19. 9-17 (Date rec'd by registrar) 19 39 E.T. Joyce Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 16 19 39, at 3 00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 2. 19 37, to Sept. 16 19 39, and that I last saw h-er alive on Sept. 16. 19 39

Immediate cause of death: Tuberculous peritonitis — DURATION: 2 1/2 months
Due to:
Due to:
Other conditions: Anemic - depressive psychosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations: plastic Tuberculous peritonitis
Of autopsy: not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Hubert F. Templeton M. D. or other
Address: Date signed

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08728

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (11-a)

County Anne Arundel Registration Dist. No. 21

Village or City Gaksville, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Wilson If U. S. Veteran, specify WAR —

(a) Residence: No. Gaksville, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Wilson

6. DATE OF BIRTH (month, day, and year) April 13th, 1876

7. AGE Years 63 Yrs. Months 5 Days 8 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New Hope (State or country) Penna

FATHER

13. NAME Joseph Peaker

14. BIRTHPLACE (city or town) New Hope (State or country) Penna

MOTHER

15. MAIDEN NAME Isabelle Jackson

16. BIRTHPLACE (city or town) New Hope (State or country) Pd.

17. INFORMANT (Address) Rachel Crowner (Daughter) Gaksville, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Washington Date 9 24, 1939

19. UNDERTAKER (Address) Geo. W. Lewis Jr. 2053 Georgia Ave. Wash. Ky 12

20. FILED 9 21, 1939 J. H. Hersley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 21st (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from August 20th, 1939, to Sept 21st, 1939

I last saw her alive on Sept 21st, 1939; death is said to have occurred on the date stated above, at 6:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	Sept 14th 1939
Influenza	August 20

Other Contributory Causes of Importance:

None

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) R. L. Richardson M. D.

(Address) 110 Clay St., Annapolis Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08729

1. PLACE OF DEATH (82a)

County Anne Arundel Registration Dist. No. 21

Village or City Annapolis Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 7 yrs. 9 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah K. Wilson If U. S. Veteran, specify WAR

(a) Residence: No. 10 Clay St St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE Col.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Alexandria Wilson

6. DATE OF BIRTH (month, day, and year) Nov 11 1876

7. AGE Years 62 Months 10 Days 11 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Domestic

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis Md.

FATHER

13. NAME William S. Brice

14. BIRTHPLACE (city or town) (State or country) Annapolis Md.

MOTHER

15. MAIDEN NAME Annie Jacobs

16. BIRTHPLACE (city or town) (State or country) Annapolis Md.

17. INFORMANT (Address) Alverta Brown

18. BURIAL, CREMATION, OR REMOVAL

Place St. Anne Date Sept. 25, 1939

19. UNDERTAKER (Address) Chas H. Alexander 43 & 45 North West St

20. FILED 9, 24, 1939 J. J. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. 22nd (Month) (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from August 1st 1939, to Sept. 22nd, 1939

I last saw her alive on Sept 22nd, 1939; death is said to have occurred on the date stated above, at 1:20 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Apoplexy

Date of onset August 1st 1939

Other Contributory Causes of Importance:

Acute Nephritis

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) R. L. Richardson M.D.

(Address) 110 - Clay St., Annapolis, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

08730

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(131)

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Crownsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Crownsville State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 1 month 16 days

Stay in this community (yrs., or mos., or days): ------

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Wicomico

City or town: Unknown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Unknown
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ------

3. (a) FULL NAME: CHARLES WOOD

3. (b) Social Security Number: ------

4. Sex: male

5. Color or race: black

6. (a) Single, married, widowed, or divorced: single

B (b) Name of husband or wife: -------

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Unknown 1874 (?)

8. AGE: Years: 65? Months: Unknown Days: If less than one day ____ hrs. ____ min.

9. Birthplace: Unknown
(Town, county, and state)

10. Usual occupation: None

11. Industry or business: ----

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Hospital Records
Address: Crownsville, Maryland

17. burial (Burial, cremation, or removal. Which?) Date thereof: Sept 18, 1939 (month) (day) (year)

Cemetery or crematory: Hospital Cemetery

Location: Crownsville Md

18. Funeral director: Supt.

Address: Crownsville Md

19. 9/18, 39 (Date rec'd by registrar) E. F. Joyce D.L. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 12th 1939, at 7:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 27th 1939, to Sept. 12 1939, and that I last saw him alive on Sept. 12th 1939.

Immediate cause of death: Cardio-renal vascular disease with hypertension and general arteriosclerosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings: -----

Of operations

Of autopsy: ------

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ---- Date of

Where did injury occur? ----- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -------

Means of injury: -- Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Crownsville, Md. Date signed: 9/12/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (T)

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